PART B - FEE(S) TRANSMITTAL

Complete an

ther with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

CUSTOMER NO.:

11/22/2005

JOSEPH S. TRIPOLI

Thomson Licensing Inc.

THOMSON MULTIMEDI CENCSING INC

24498

2 INDEPENDENCE WAY P.O. BOX 5312

PRINCETON, NJ 08543-5312

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<u>tricia</u> M. Fedorowycz (Signature (Date 2006

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 3590 Louis Robert Litwin PU020029 01/25/2002 10/057,008

TITLE OF INVENTION: ADAPTIVE COST OF SERVICE FOR COMMUNICATION NETWORK BASED ON LEVEL OF NETWORK CONGESTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO)	\$300	\$1700	02/22/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	91/31/2006 AKELECH2 (00000027 070832	10057008
POLLACK, MELVIN H		2145				0.00 DA 0.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (SEE AMENDED ADDRESS ABOVE) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the na or agents (2) the na registered 2 registere	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nan ed patent attorneys or agents. If name will be printed.	WB FC:8001 Int attorneys 1 JOSE a member a 2 ROBE	PH J. LAKS RT B. LEVY PH J. KOLODI	 КА
	O RESIDENCE DATA TO E			4 7. /			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been fil	ed for
(A) NAME OF ASSIGN	IEE	(E) RESIDEN	CE: (CITY and STATE OR CO	UNTRY)		
THOMSON LIC	CENSING		Boulog	ne-Billancourt,	FRANCE		
4a. The following fee(s) are			inted on the p	patent): Individual I C	orporation or other private g	roup entity Govern	nment
Issue Fee			A check	in the amount of the fee(s) is en	nclosed.		
Nublication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # o	f Copies4	<u></u>	The Direction Deposit Acc	ector is hereby authorized by count Number 07-0832	charge the required fee(s), o (enclose an extra	r credit any overpayme copy of this form).	ent, to
a. Applicant claims S	s (from status indicated above MALL ENTITY status See is requested to apply the Issi ublication Fee (if required) ords of the fenited States Pat	37 CFR 1.27.	D b. Applic	cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg	LL ENTITY status. See 37 (CFR 1.27(g)(2).	
Authorized Signature Typed or printed name This collection of informati		1	734-6	816 Registration	January 26, 20		ocess)
an application. Confidentiasubmitting the completed a this form and/or suggestion Box 1450, Alexandria, Virginia 22313	bity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, slaming 22313-1450. DO NOT 1450.	122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR O	1.14. This co depending use Chief Information COMPLETER	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any c nation Officer, U.S. Patent and D FORMS TO THIS ADDRES	minutes to complete, includ omments on the amount of the Trademark Office, U.S. De S. SEND TO: Commissione	ing gathering, preparin time you require to cor partment of Commerce r for Patents, P.O. Box	g, and nplete :, P.O. 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.